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ABSTRACT

A total of 710 participants representing 371 agency members attended one of six 2-day workshops, which constituted the second phase of a 3-year curriculum development program and were designed to: (1) identify course objectives in relation to level objectives, (2) select subject matter and learning experiences appropriate to achievement of course objectives, (3) identify resources and teaching methods to achieve objectives, and (4) introduce concepts of evaluation of the total curriculum, the courses, and the students. Utilizing the 1969 report as a base, workshop objectives were met through group work and reactions to these major presentations: (1) "The Concepts of Evaluation as Related to the Total Curriculum, Individual Courses, and Students" by M. L. Dyer, and (2) "Our Course Leads to Evaluation" by L. Ulrich and S. W. Rayfield. Texts of the major presentations are included, and workshop materials are appended. The 1969 workshop report, "Level Objectives: Development and Use in the Curriculum," is available as ED 039 356. (SB)

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KEEPING ON COURSE

Report of the 1970
Regional Workshops of
The Council of
Diploma Programs

NATIONAL LEAGUE
FOR NURSING • 1971

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Report of the 1970 Regional Workshops of the Council of Diploma Programs

NATIONAL LEAGUE FOR NURSING
Department of Diploma Programs
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1971

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INTRODUCTION

"If we could first know where we are and whither we are tending, we could better judge what to do and how to do it." That was said by Abraham Lincoln, but it might well have been said by the Program Committee of the Council of Diploma Programs when it met to plan the 1970 regional workshops, so precisely does it express the Committee's approach to its task.

Inasmuch as the 1970 workshops were to constitute the second phase of the three-year program on curriculum development projected by the Executive Committee in 1969, the Program Committee's first step was to review what had taken place at the 1969 workshops so that it might better judge what should be done at the 1970 series and how it should be done.

The Committee chose "Keeping on Course" as the theme for the 1970 workshops and established four objectives to be accomplished by the participants. These were:

1. To identify course objectives in relation to level objectives.
2. To select subject matter and learning experiences appropriate to achievement of course objectives.
3. To identify resources and teaching methods that can be utilized in the achievement of course objectives.
4. To introduce concepts of evaluation as they relate to the total curriculum, the courses, and the students.

The group then developed a master agenda (Appendix A). Copies of the objectives and the agenda were sent to each agency member of the Council together with the announcement of the workshops.

The Committee considered the report of the 1969 workshops, Level Objectives--Development and Use in the Curriculum,[1] to be the base from which to move forward into the 1970 phase of the three-year plan. The registrants were asked to review the report in preparation for the workshops if they were not already familiar with what had taken place at the 1969 workshops and comparable follow-through activities in their schools. According to the data given by the work groups at the six 1970 workshops, only 196 of the 691 participants had attended the 1969 series, so that the background of the majority was limited to study of the report of the 1969 workshops and to personal experiences.

Early in its deliberations, the Program Committee recognized that in regard to teaching experience, the individuals attending the workshops would vary from the instructor who was just beginning to teach to the instructor who had taught for many years and in a variety of subject areas, and further, that the participants would represent schools offering a variety of curriculum plans in varying stages of implementation.

The major organizational aspects of the over-all plan for the six workshops were:

1. Persons involved in teaching were to attend.
2. As far as possible, the participants were to be assigned to a group according

to the major nursing subject area in which they taught--i.e., fundamentals of nursing, medical-surgical nursing, maternity nursing, psychiatric nursing, or nursing of children.

3. The chairman of each workshop was to assume the responsibility of presenting pertinent background information and directions to the participants at each of the work sessions.

4. The format and content of the work materials were developed only for use at the workshops and to facilitate group discussions.

At the opening session of each workshop, the chairman directed the participants' attention to those features of the 1969 workshops that were seen as requisites for the bringing about of positive outcomes in the subsequent sessions of the 1970 workshops. The particular features identified by the chairman were (1) the definition of a workshop and the guidelines for group behavior and group leaders, (2) the characteristics of objectives stated in behavioral terms, and (3) the utilization of objectives in the planning and development of the curriculum and in the determination of levels of progression within the curriculum. The productivity of each group was viewed as being related directly to the members' comprehension of the content included in Level Objectives--Development and Use in the Curriculum.

At the first work session, the chairman directed the groups' attention to the need for agreement on a definition of a course and suggested as a possible choice the definition contained in Criteria for the Evaluation of Diploma Programs in Nursing.[2] The characteristics of a unit and a lesson within a course pertaining to a major subject area were reviewed in relation to the specificity of objectives. The need for showing the relationship of lesson, unit, and course objectives to the level and curriculum objectives and the need for determining instructional content, clinical laboratory content, methods of teaching, and resources were also pointed out.

In order to facilitate the work of the groups, the Program Committee outlined the basic elements of a curriculum plan, including the major course offerings within three levels. The plan follows.

Level I	Level II	Level III
Biological and Physical Sciences	Medical-Surgical Nursing	Complex Nursing Problems of Patients and Families
Social Sciences	Maternity Nursing	Group Nursing
Introduction to Nursing	Nursing of Children	
	Psychiatric Nursing	

Three sample objectives for each of the levels were suggested as a possible point of departure in developing course objectives. They were as follows:

Level I	Level II	Level III
1. Recognizes basic needs of people.	1. Meets the needs of individual patients for basic nursing care.	1. Provides nursing care to individuals based on their personal and nursing needs.
2. Uses elementary steps to teach patients about normal health care needs.	2. Teaches patients or groups to meet their basic nursing needs.	2. Teaches patients and families according to their needs the principles of comprehensive health care and the specifics of nursing care.
3. Contributes to the development of individual nursing care plans.	3. Implements nursing care plans for individual patients with basic nursing needs.	3. Implements nursing care plans for a group of patients whose nursing needs vary in scope and complexity.

Finally, the participants were reminded that the Level III objectives were synonymous with the curriculum objectives.

The groups were then asked to work toward achieving the first objective of the workshop:

To identify course objectives in
relation to level objectives.

At the conclusion of the first work session, each group submitted one course objective. These objectives were reviewed by the chairman, and examples both of statements that appeared to present characteristics of meaningful course objectives and of those that were open to question were shared with the total group by the chairman. Each group was then directed to review the objective it had submitted and to modify or revise it if necessary in order to prepare for the achievement of the next workshop objective:

To select subject matter and learning experiences appropriate to achievement of course objectives.

The Program Committee, during its planning meeting, went through the actual process that was planned for the work group sessions. The results of their activity were shared with the workshop participants by means of a sample form (page 4) prepared by the Committee in order to establish a frame of reference for discussion by the total group and for reference during the group sessions. The objectives of the sample form, as stated by the Committee, were as follows:

1. Illustrates the relationships existing among objectives of the curriculum (last level), course, and unit.
2. Depicts the relationship of instructional content and clinical laboratory content to objectives.

MOVING FORWARD ON THE COURSE

CURRICULUM OBJECTIVE (LAST LEVEL)	COURSE OBJECTIVE	UNIT OBJECTIVE	INSTRUCTIONAL CONTENT	CLINICAL LABORATORY CONTENT	TEACHING METHODS AND RESOURCES
Administers nursing care plans for individual patients and groups of patients.	Utilizes principles of administration to formulate nursing care plans for a group of patients.	Designs patient assignments based on the needs of each patient and the capabilities of each member of the nursing team.	Functions and responsibilities of the nursing team leader. Functions and responsibilities of the nursing team members--RN, LPN, nurse's aide, level II student nurse, etc. Principles of performance evaluation.	Functions as a team leader. Assesses nursing care needs of each patient. Formulates assignments for team members. Assists team members to fulfill their assignments. Evaluates the effectiveness of the nursing care plan for each patient. Evaluates performance of each member of the nursing team.	Methods: Lecture-Discussion Role-Playing Team Conference Team Assignments Evaluation Conference Seminar Resources: Audio-Video Tapes Organizational Charts Job Descriptions Nursing Care Plans Tape Recordings Evaluation Forms Textbooks and Periodicals

SAMPLE FORM--FOR DISCUSSION ONLY

3. Identifies some teaching methods and resources selected to stimulate student's thinking and performance.

In order to prevent misunderstanding of the content of the sample form, the following facts about it were also stated by the Committee and shared with the group.

1. The form, by design, pertains to only one segment of a hypothetical nursing course.
2. The nursing course is offered during the last level of the curriculum.
3. The concept of simple to complex was used in the development of the entire curriculum plan as well as the course.
4. The objectives, content (instructional and laboratory), and teaching methods of this course are built upon all previously offered courses.
5. The course objective is but one of a number of course objectives, and the unit objective is but one of several unit objectives.
6. All instructional personnel assigned to the course are equally responsible for planning and implementing the course in the classroom and clinical laboratory and for evaluating the course and students.
7. The sample form exists solely to serve as a stimulus and guide to discussion.

A work sheet designed to expedite the work of the groups was provided to each participant for use during the next two sessions of the workshop (Appendix B). Also, each group was asked to summarize the outcomes of the work sessions on a master sheet of the same format as the individual work sheet.

The opening session of the second day demonstrated one role of a curriculum committee whose agenda included brief reports of the subcommittees' work, accomplishments, and obstacles met as they worked with one course objective to identify a unit objective and the instructional and clinical laboratory content.

The groups then moved on to the third objective of the workshops:

> To identify resources and teaching methods that can be utilized in the achievement of course objectives.

Accomplishment of the foregoing objective completed the foundation necessary for consideration of the fourth objective:

> To introduce concepts of evaluation as they relate to the total curriculum, the courses, and the students.

It was the thinking of the Program Committee that this objective could best be achieved by means of a general presentation on evaluation focusing on the importance of evaluation and the kinds of methods used in collecting the data required for evaluation of the curriculum, the courses, and the students. Time was also provided for questions and discussion by the participants.

Review of the evaluations of the workshops made by the groups (see Appendix C for reaction sheet) and by a few persons who wished to do so individually indicated that the first three objectives had been met in varying degrees. Some groups reported that they

had achieved the objectives and expressed satisfaction with all aspects of the workshops; others reported less satisfaction and little or no success in achieving the objectives.

Some factors associated with productive sessions were the cohesiveness of the individuals in the groups; the individuals' knowledge of the principles of stating objectives for the purpose they are to serve--especially their recognizing that there should be a difference. The difference in the specificity of objectives for a course, a unit, and a lesson plan; the individuals' understanding of the subject area and the kind of instructional and clinical laboratory content that relate directly to the objective identified for the level, the course, and the unit; and the willingness of the individual to listen to the chairman of the workshop and to listen to and share with one another during the group sessions.

Some reasons for certain groups' having failed to achieve the objectives of the workshop were the variation in the backgrounds of the individual members of a group; the lack of expert resource persons in a group; the lack of specific direction regarding the ways in which the objectives of the workshops were to be achieved, particularly in the case of groups working in the area of medical-surgical nursing; and misunderstanding of the general purpose of the workshop.

The table below shows the number of agency members represented and the number of registrants at the six workshops.

Workshop	Agencies	Registrants	
		Representatives	Guests
Des Moines, Iowa	69	127	5
New York, New York	89	166	1
Cincinnati, Ohio	79	143	4
Washington, D.C.	87	163	5
Birmingham, Alabama	32	59	2
Portland, Oregon	15	33	2
	371	691	19

The 371 agency members represented at the workshops constituted 65 percent of the total membership of the Council. Three of the guests were individual members representing cooperating agencies offering a major course in nursing to students in diploma programs.

The places and dates of the six workshops, the names and positions of the Program Committee members who presided, and the principal speakers follow.

Des Moines, Iowa, September 24-25.

Presiding: Mary Catherine King, Director, School of Nursing, St. Vincent's Hospital, Birmingham, Alabama.

Principal Speaker: Sylvia W. Rayfield, Associate Director, Georgia Baptist Hospital School of Nursing, Atlanta, Georgia.

Resource Person: Eleanor Treece, Curriculum Coordinator, Arthur B. Ancker Memorial School of Nursing, St. Paul-Ramsey Hospital, St. Paul, Minnesota, and Member of the Program Committee.

New York, New York, October 1-2.

Presiding: Natalie L. Petzold, Director, School of Nursing, Massachusetts General Hospital, Boston, Massachusetts.

Principal Speaker: Marilyn L. Dyer, Director of Nursing Education, Northwest Texas Hospital School of Nursing, Amarillo, Texas.

Cincinnati, Ohio, October 12-13.

Presiding: E. Wanda Quay, Director, School of Nursing, Riverside Hospital, Toledo, Ohio.

Principal Speaker: Marilyn L. Dyer.

Washington, D.C., October 29-30.

Presiding: Marjorie J. Montanari, Administrative Assistant in Charge of Patient Care Services, Citizens General Hospital, New Kensington, Pennsylvania.

Principal Speaker: Marilyn L. Dyer.

Birmingham, Alabama, November 5-6.

Presiding: Mary Catherine King.

Principal Speaker: Sylvia W. Rayfield.

Portland, Oregon, November 16-17.

Presiding: Dorothy E. Rademacher, Instructor, Emanuel Hospital School of Nursing, Portland, Oregon.

Principal Speaker: Lorna Ullrich, Medical Head Nurse, Emanuel Hospital, Portland, Oregon, and Instructor in Professional Adjustments at the School of Nursing. Formerly Instructor, Emanuel Hospital School of Nursing.

THE CONCEPTS OF EVALUATION AS RELATED TO THE TOTAL CURRICULUM, INDIVIDUAL COURSES, AND STUDENTS

Marilyn L. Dyer

Introduction

This summer my eight-year-old son asked what the subject of this paper was. When I told him I was going to talk about evaluation, he looked puzzled for a few minutes and then replied, "Mother, just tell them if the 'evaluation' of food goes any higher, they won't be able to buy groceries." From this one confusing statement, I would like to make the following point: he seriously thought that I could use his information. I have a similar hope that my presentation of concepts of evaluation can be utilized in some way by each of you and that it will have more meaning for you than the interpretation of the word evaluation by my son.

Today, I would like to introduce concepts of evaluation as they relate to the total curriculum, the individual courses, and the students. The main emphasis in this paper is that careful planning and evaluation of the total curriculum and individual courses are necessary activities for developing a meaningful plan for the evaluation of the student.

Every faculty member must realize that evaluation is a most essential part of all aspects of teaching, which includes formulating objectives, selecting and organizing content and learning activities essential to the achievement of the objectives, guiding the activities of the student, and determining the outcome of the educational experience. Such a sequence of curriculum development began last year, when the Regional Workshops were devoted to level objectives. For the past two days you have been actively involved in meeting the objectives of the 1970 workshops, which are:

1. To identify course objectives in relation to level objectives.

2. To select subject matter and learning experiences appropriate to the achievement of course objectives.

3. To identify resources and teaching methods which can be utilized in the achievement of course objectives.

The final objective is now at hand:

4. To introduce concepts of evaluation as they relate to the total curriculum, the courses, and the students.

Once we have discussed this area, we shall have the complete picture of the development of curriculum content. This picture portrays curriculum as an ongoing process

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of planning, organizing, implementing, and revising. In addition to the preparation, implementation, and revision of curriculum material, curriculum development is concerned with the evaluation of results by the students, faculty, and other involved individuals. Such an appraisal includes all planned activities and experiences as well as the materials for learning.

Definitions of Terms

Before I proceed further, I wish to clarify and define some of the terms that I shall be using in reference to evaluation.

Evaluation: This is a process involving a judgment based upon a comparison through which progress toward the realization of the program is assessed. The needs for the improvement of the program are determined on the basis of systematic collection, analysis, and use of data.

Total Curriculum: This term represents a variety of concepts to nurse educators. Some faculties use the more limited concept, which is the mere mechanical arrangement of the sequence of courses, while others use the term interchangeably with "total school program," which would include all aspects of the program of the school. I would like to use a concept implying a group of courses and experiences planned by the faculty and students for the purpose of carrying out the objectives of the school.

Course: For this term, I am using the definition found in the new Criteria for the Evaluation of Diploma Programs in Nursing, according to which course is "The organized subject matter and related activities, including laboratory experiences, planned to achieve specific objectives and offered within a given time period."[1]

Educational Objectives: Bloom defines educational objectives as follows: "By educational objectives, we mean explicit formulations of ways in which students are expected to be changed by the educative process. That is, the ways in which they will change in their thinking, their feelings, and their action."[2]

Why Should We Be Concerned With the Concepts of Evaluation?

Each of you here today should stop for a minute now and ask yourself, "What do I know about evaluation?"--or better still, "What more would I like to know about evaluation?" Such a task cannot be accomplished in just a few minutes. Perhaps you might have thought about some of the following aspects: the importance of evaluation; the principles and purposes of evaluation; steps in evaluation; what tools can be used and how you, the instructor, can use the data obtained. Every member of a faculty must know about the process of evaluation. There are several ways in which this can be accomplished: as a part of the faculty educational program,through committee work--with all members of the faculty involved--and through the use of consultants.

Let us first discuss the purposes of educational evaluation in general and then specifically identify the principles in terms of total curriculum, individual course, and students. Many of the aspects of the evaluation process overlap in these three areas:

1. What are the purposes of evaluation?--The purposes are:

   a. To identify strengths and areas for improvement in educational objectives and in the curriculum. (I have very strong feelings against the word weaknesses; I believe the more positive phrase area for improvement is better in interpreting evaluation data to the instructors and students regarding the progress they have made.)

   b. To identify what the student has learned when theory is put into practice.

   c. To provide the instructor with information for academic guidance of the student.

   d. To provide guidelines for motivating the student.

   e. To act as an aid in determining the effectiveness of the school's methods of teaching.

   f. To assist the student in self-direction and self-satisfaction.

2. What are the guiding principles of evaluation?--Principles serve as a basis for evaluation and as a guide in formulating educational objectives and developing methods to evaluate the attainment of them.

In summary, the principles of evaluation to be used by the faculty are as follows. Evaluation should:

   a. Be in terms of the educational objectives of the school.

   b. Determine to what extent the educational objectives are being achieved.

   c. Be a constant process, as education is a process that seeks to change the behavior pattern of human beings.

   d. Appraise the manner in which the student organizes his behavior patterns.

   e. Be a motivating force that leads to improvement in both the instructor and the student.

   f. Take into consideration the stage of the student's growth and development that has been attained.

   g. Involve clear-cut concepts of the needs of education, society, the school, and the student.

Evaluative devices should be selected on the basis of the following criteria:

   a. Validity--the degree to which the tests measure what they are intended to measure.

   b. Reliability--their ability to measure it accurately.

   c. Practicality--the ease with which they can be administered and scored.

   d. Usefulness--their suitability for a number of purposes.

   e. Proper sampling of course objectives and course content--all objectives in a course should be covered as well as an adequate amount of the course content.

3. What are the tools of evaluation?--Many methods have been devised for measuring the changes that take place as a result of learning. It should be fully realized that the construction of an evaluation instrument is a most difficult and complicated task. There are times in our busy workdays when we might wish for one universally accepted rating tool for measuring the changes in students' behavior, but such a wish is not realistic. It is the responsibility of the faculties themselves to design the evaluative tools that they will use in assessing the competence of their students. To be effective, the tool must be developed by those individuals who can identify the specific behavioral changes expected as a result of specific classroom and clinical-experience assignments. Most of the following devices for collecting data are well known to nursing school faculties:

Evaluation Tools or Techniques	Description
a. Questionnaires:	Used to obtain specific reactions to a topic. An excellent tool for students' evaluation of their courses as well as instructors'. Must be structured in such a manner that meaningful responses are obtained.
b. Various types of tests and examinations:	Tests represent only one aspect of evaluation; such periodic appraisals are indispensable elements. Types are: written or oral, teacher-constructed or standardized, and published self-appraisal tests.
c. Rating scales:	Nursing educators have used this tool for many years to describe observations of student performance. Excellent for assessing the quality of performance or extent to which specific behaviors were present or absent.
d. Observational techniques--(1) informal; (2) systematic:	Oldest means of judging the performance of students. Valuable for obtaining a variety of data.
e. Anecdotal records or notes:	Considered as a word snapshot of the incident, a recording of the incident exactly as it occurred. Can be written by both students and instructors.
f. Critical-incident technique:	Used in collecting information based upon direct observation. Consists of a sample of observable human behavior in a given situation that clearly demonstrates either positive or negative factors contributing to the effective or ineffective completion of the activity.
g. Sociogram:	A new technique for nursing. A diagram recording the existing interaction and personal relationship of individuals with a group during a given

session. Records and analyzes student attitudes and social interactions. A schematic drawing is made indicating the position of each group member and the frequency of member contribution.[3]

h. Process recordings: A method of studying nurse-patient interaction. The student records the situation and the verbal and nonverbal communication between the patient and her in one column of a page and her analysis in a second column, reserving a third column for the instructor's comments. The recording is discussed and analyzed with the assistance of the instructor. This method gives a concrete basis for evaluation of communication skills and ability to interpret behavior.

i. Interviews: A time-consuming but valuable device if utilized by an individual who knows the principles of interviewing.

j. Group discussions: These discussion sessions must be recorded accurately in an objective manner. A specific type termed "student talk-ins" will be discussed later.

Evaluation of the Total Curriculum

In order to discuss the evaluation of the curriculum, we must first consider the framework for the total process of evaluation--the philosophy of the school. A philosophy is something we believe and by which we live. We all know that a philosophy in a nursing school catalog is a statement telling the beliefs that the faculty holds in relation to nursing and to the education of practitioners in nursing. A philosophy of a school must be developed by the entire faculty. This philosophy will serve as a guide for selecting educational objectives and as a criterion for making value judgments about behavior.

The kinds of values, ideals, and practices suggested by a philosophy direct the kinds of behavioral patterns to be represented by the objectives of the total curriculum.

With the school's philosophy as a guide for selecting these objectives, let us examine the following schematic chart that illustrates how the educational objectives flow from the philosophy of the school.

> Philosophy of the School ⟶ School Objectives ⟶ Curriculum Objectives ⟶ Level Objectives ⟶ Course Objectives ⟶ Unit Objectives ⟶ Daily Objectives (both class and clinical).

Mager has been quoted by many in recent years regarding objectives. I like to use his definition of an objective. He states:

> An objective is an intent communicated by a statement describing a proposed change in a learner--a statement of what the learner is to be like when he has successfully completed a learning experience.[4]

Therefore--to put it simply--we must state objectives in behavioral terms so that they will describe the behavior expected. You must keep in mind that when the objective

is stated in behavioral terms, this is the expected behavior of the student, not the instructor. Not only should the objectives describe the behavior expected, but all of the objectives should be realistic so that they are attainable, and they must be measurable. Objectives that are explicit in terms of anticipated behavior aid in the selection of content, learning experiences, and methods of teaching and enable the instructor to evaluate the student realistically as well. They will also make possible the evaluation of the outcomes of the educational program. If an objective states that evaluation will be based on specific behavior in a particular setting and to a predetermined level, then the student knows she will be evaluated and will also know the acceptable performance level.

Viewing nursing education as a continual process of changing students' behavioral patterns of thinking, feeling,and acting demands that the educational objectives sought by the school of nursing reflect comparable kinds of behavioral change.

Evaluation of the total curriculum should begin with consideration of the school objectives. School objectives are the goals to be attained through all aspects of the educational program. They are the basis for the evaluation process. A statement of the kinds and degrees of competence and personal characteristics desired by a school constitutes school objectives. To evaluate these objectives, some of the following tools may be used. When and how often they are employed will have to be determined by each educational program.

1. Questionnaires.

   a. Graduate follow-up questionnaires (after one, three, and five years).
      (1) To graduates. Asks for their evaluation of the adequacy of the program.

      (2) To employers of graduates. Asks for their evaluation of the performance of graduates.

   b. Faculty questionnaire. Requests the faculty to review the philosophy and objectives of the school and to complete a questionnaire containing such statements as:
      (1) Name and define the kind of philosophy expressed in our school.

      (2) Give your definition of nursing education, theories of learning, et cetera.

      (3) List the competencies you think a graduate of this school should have. Are they included in the school objectives?

      (4) Do you feel the statement of philosophy reflects the convictions and thinking of the present faculty?

      (5) Are our overall objectives realistic within the scope of the present material and human resources of this community and hospital and school?

      (6) How do these school objectives agree with the philosophy of the school?

2. Faculty analysis form.

   a. The faculty may be asked to describe the ways school objectives are used for the following:

      (1) Developing curriculum.

      (2) Developing level objectives.

(3) Developing course objectives (includes unit and daily objectives).

(4) Selecting teaching methods.

(5) Planning learning experiences.

(6) Formulating policies for selection of students.

3. Performance evaluation by observation of nursing service personnel in regard to their effectiveness, ability, and performance.

If your definition of total curriculum is interchangeable with total school program, then you would include other elements to be evaluated, such as organization, administration, extracurricular activities, services, records, and reports.

The next area to be considered in the evaluation of the total curriculum is the objectives of the curriculum. Curriculum objectives are more specific than school objectives, as they serve to translate broad school objectives and reflect the behavioral changes in the student as a result of participation in the planned program of studies and learning experiences. The curriculum objectives put the philosophy of the school into action. Some schools of nursing do not have curriculum objectives, as they have school objectives that are more specific in content than the school objectives of those schools that have curriculum objectives. Curriculum objectives provide for comprehensive measurement of progress. From these objectives evolve the level objectives. What evaluation methods and tools can be used for the evaluation of the curriculum and curriculum objectives?

1. Discussion session by the faculty where each instructor explains how each curriculum objective is met.

2. Instructor's written analysis stating how the objectives of the curriculum are met by her course.

3. Graphic chart showing correlation of course grades, standardized achievement test scores, and State Board Test Pool Examination results and a comparison of this chart with the charts of previous classes.

4. Evaluation of curriculum and related areas at the annual faculty meeting. An evaluation of how the goals of the standing committees and teaching departments of the past year were met and the introduction of goals for the coming year.

5. "Action" research--small evaluation studies conducted by various committees of the faculty to obtain data for the improvement of the curriculum.

6. Student evaluation of the curriculum prior to graduation.

7. Comparison of the performance of the school's graduates on the SBTP Examination with the state and national means.

8. Complete student profile study--high school grades, preentrance test scores, college grades, final grade in each nursing course, achievement test scores, and State Board results. A comparison study can be made.

If the faculty believes in the development of the nursing student as a total person,

evaluation should not be limited to his or her scholastic achievement. The faculty must constantly evaluate such matters as the provision of time for social and cultural activities, recreational facilities, and opportunities to meet the spiritual needs of the student.

One can clearly see that evaluation of the total curriculum is based on collective data resulting from the employment of a variety of methods and tools by all instructors throughout the program and that evaluation of the total curriculum is an essential component of the evaluation process.

The next set of educational objectives are the Level Objectives. These objectives identify the degree of competency that a student demonstrates in changes in behavior at specific predetermined intervals throughout the program as a result of a related group of learning experiences. They are the crux of curriculum planning, as demonstrated in the following schema:

Level objective ⟶ Curriculum planning ⟶ implement ⟶ evaluate
Placement of courses
Plan of courses

As stated previously, level objectives should flow from the school's philosophy, the school objectives, and the curriculum objectives and should be utilized to develop course objectives.

The last level of the planned curriculum should describe the end goals of the program, or more simply stated, "the expected behaviors of the graduate." Since the school and curriculum objectives have already stated what the student's competencies should be at the end of the program, the final level objectives should be the curriculum objectives of the school. Therefore, it is not necessary to develop another set of objectives. How may these objectives be used? Instructors from the same level can evaluate together the progress of each student in terms of the level objectives. This can be accomplished by the use of an evaluation format derived from the level objectives.[5]

If the students have given evidence of behavioral changes as described in the level objectives, then instructors may use this evaluation tool for promotion from one level to another rather than for promotion from one course to another. Each school should carefully study how its level objectives can be used in the school with respect to promotion policies, graduation policies, placement of courses, and planning of courses. Some of the methods for evaluating levels of the curriculum and level objectives are:

1. The Student Impression Form. Each level objective is listed on the front page. Some questions to be asked are:
   a. At what point within the program were you introduced to this level objective? (This question is to be asked for each level objective.)
   b. Identify the learning experiences given you to attain these level objectives.
   c. Which level objective(s) do you feel does (do) not belong in this level? State the reason.
2. Written analysis covering the following topics by all instructors teaching within that level:

Level Objective	Courses	Student Activities	Expected Behaviors

3. Student "Talk-Ins." In this day of student confrontations on the college campuses, such as sit-ins, lie-ins, et cetera, a phrase has been coined that our faculty uses for student group discussion--"talk-in." In small groups, with a faculty member as recorder, in an atmosphere in which students are encouraged to identify strengths and areas for improvement for a particular level of the program, many good suggestions are recorded. These sessions are not "geared" to be gripe sessions, and the students are made to feel that their opinions are important in evaluating a particular level.

The Evaluation of an Individual Course

The evaluation of courses by a number of methods will serve as a resource for the evaluation of the total curriculum.

Before an instructor can implement a plan of evaluation for her course, she must consider the following questions: What do I want to evaluate? Why do I want to evaluate certain kinds of changes in behavior? How do I intend to use these evaluation data?

The course objectives are the changes in behavior expected as a result of selected subject matter and related activities, including laboratory experiences offered within a given time period. If the student can demonstrate the behaviors that we as faculty members have identified, then the student has achieved the objectives of the program. From the course objectives flow the unit objectives and the daily, or lesson, objectives. Every instructor periodically needs to determine if her course objectives are adequate. A number of methods can be used to evaluate an individual course and the instructor who teaches the course:

1. A written evaluation of the course by the student. This can be called student impressions of classroom and clinical learning experiences.
2. An examination of the performance of the student in various areas.
3. A summary of the student's final grades in the course.
4. Analysis of teacher-constructed examinations.
5. Written analysis by the instructor in which the objectives for each course are stated and analyzed under the following headings:

Behavioral Outcomes	Content	Learning Experiences	Methods of Evaluation

6. Evaluation of the course by the instructor. Following are some questions from a form given to our instructors as a part of their annual self-evaluation regarding performance:
   a. How do you plan learning experiences to meet the desired objectives of your course?
   b. How do you allow for individual differences while supervising students in the clinical area?
   c. How do you provide for student progression from dependent to inde pendent action?

d. How do you provide for a democratic learning environment conducive to stimulating the creative potential of the student?

e. On the attached sheet, show the relationship of each of your course and unit objectives to the level, curriculum, and school objectives.

(Not only does the instructor answer these questions, but she also completes a personal and professional self-inventory that is the basis for her annual progress-report conference with the director.)

7. Use of the video tape to evaluate the instructor. During the past year we have used this method as a part of our staff-development program. The main purpose is to have the instructor view the tape of her performance by herself as a means of self-evaluation. Other instructors may view it and make constructive comments only if the instructor on the tape requests such an evaluation.

8. Evaluation of the instructor by the student. The student may use such tools as checklists, opinionnaires, questionnaires, and rating scales.

9. Use of the Course Syllabi Format (one column--Evaluation Tools).

The unit objectives of a course serve as a basis for the development of information and experience in order to bring student activity toward meeting the objectives of the course. Daily, or lession, objectives of the course are systematic day-by-day plans to meet the objectives of the unit and therefore, ultimately, the school objectives. An example of the daily, or lesson, objective is: "Identifies on Chase doll five areas to obtain pulse." Competence is evaluated at a very fundamental level. Methods of evaluation noted here are the same as the methods to be discussed regarding the performance of the student, such as process recordings, checklists, anecdotal notes, student diaries, nursing care plans, and reports by students. The evaluation by the patient is an excellent tool in this area.

The data that are obtained from each device listed above may be used to identify unattainable objectives, to identify strengths and areas for improvement, and to improve methods of teaching and test construction.

In regard to improving test construction, some schools of nursing have developed a test-construction committee for the purpose of improving teacher-constructed examinations. To give you a thumbnail sketch of what is involved, I shall briefly explain how our committee was formed three years ago. We had a two-day workshop on test construction with a well-known authority. After the workshop, we began the slow, painstaking process of developing a test-construction committee. The committee formulated a philosophy of testing and developed short- and long-range goals. Following are some of the policies that were formulated at its inception:

> The committee will review unit, final, and comprehensive teacher-constructed examinations for each course; the instructor who wrote the examination will present it to the committee; tests are to consist of multiple-choice test items only, and item analysis will be done after the test has been administered. Students who have already had a test in this area may attend these work sessions and have a voice in the work of the committee.

The evaluation program for a given course should include the following processes. The instructor:

1. Identifies in behavioral terms the specific objectives for her course.
2. Identifies all the behavioral changes that she expects as behavioral outcomes of each course objective and that occur as a result of the learning experiences of the course.
3. Identifies the specific types of learning experiences necessary to evaluate desired behavior.
4. Plans for a sufficient sampling of experiences that represent the desired behavior.
5. Chooses evaluation methods and tools that are appropriate to the desired behavioral outcomes.
6. Plans the evaluation of student performance in both classroom and clinical areas as part of the course and curriculum evaluation plan.
7. Sets up basic criteria for measurement by developing a scale to describe the expected achievement of the student.
8. Provides an environment that is conducive to learning and evaluation.
9. Utilizes a variety of evaluation tools to determine the overall progress of the student.
10. Appraises evaluation results to determine total student progress.
11. Gives a "feedback" to the student regarding the interpretation of the student's progress and learning outcomes.[6]

If such a plan is followed by the instructor, an effective course will be the end result.

Evaluation of the Student

The evaluation of the student's progress is the concern of all involved in the educational program. The evaluation process should begin with the selection of students for the school program and extend beyond graduation from the school of nursing. Evaluation must be considered as a mutual responsibility of the instructor and the student.

The student should participate in the formulation of the objectives she is expected to attain as well as in the planning of the learning experiences. Such a cooperative venture by students and instructors should be followed by cooperative evaluation. I believe the development of a positive attitude of the nursing student toward self-evaluation should be started with the first nursing course, both in the classroom and on the clinical unit.

Evaluation of the student's classroom and clinical performance involves a variety of methods to secure valid evidence related to the wide range of desired behaviors as described by the course objectives. In order to provide a meaningful appraisal of the performance of the student, a variety of tools and techniques must be selected according to that which best measures the degree of attainment of the desired behavior in a given situation. Let us look at some of these methods.

1. Evaluation of the student by the instructor.

a. Direct observation of the student, together with the use of devices for recording and interpreting the observed behaviors that help to objectify the observation, is a familiar method to all instructors. The instructor should decide jointly with the student on the objective of the observation by the instructor. (In the clinical area, I am a firm believer in students' selecting their own assignment, setting their own objectives with assistance from the instructor, and taking an active part in the evaluation of their performance through self-evaluation.) Recording devices include:

(1) Rating scale. The instructor uses this tool frequently, as the scale generally lists traits, skills, and/or attitudes to be evaluated according to a value scale from low to high and expressed either through numerical scores or descriptive phrases.

(2) Critical incident techniques. All instructors must reach an agreement regarding a specific list of critical behaviors developed from observation of many students. For a detailed description of this tool, refer to Fivar and Gosnell's book Nursing Evaluation--The Problem and the Process /See Bibliography/.

(3) Student diaries. Pertinent data regarding observed behavior can be obtained from this device.

(4) Process recordings. These are extremely valuable in evaluating the communication skills of the student.

(5) Anecdotal notes. By both the instructor and the student.

(6) Tape recordings. If the permission of the patient is obtained, such recordings of patient-student interaction are valuable. A rating scale should be used to evaluate the recordings.

b. Use of testing devices. Tests are so commonly used that I shall state only that testing devices should test all of the objectives in each course. The nursing ability of a student cannot be determined solely by testing for knowledge.

2. Evaluation by peer group--a new concept to some schools. Nursing students can learn much from observing each other's performance; however, unless this observation, with the aid of a list of behavioral objectives, is planned and discussed thoroughly before it takes place and in a constructive manner afterward, such an evaluation can be catastrophic. Our students, both in "doer" (performing) and in "observer" (watching the performer) roles in the clinical area have found this type of evaluation to be highly challenging. The instructor can also evaluate the observation skills of the observer.

3. Evaluation by others.

a. Nursing service personnel. Head nurses and supervisors are frequently asked to participate in the evaluation of a student. (Many of the above-mentioned tools may be used by this group.)

b. Patients. There are some mechanical problems in obtaining evaluations of the students from this group; however, effort should be made to devise some type of questionnaire that would elicit such information as how the patient

was made comfortable, whether the student gave the patient a feeling of being secure and having his needs met, et cetera. Here is the individual who should really be consulted for evaluation purposes--"the consumer of nursing care." Yet, how many times is such an excellent source of data overlooked.

4. Self-Evaluation. Self-evaluation begins with the identification and clarification of the objectives and a desire to attain them. Self-evaluation by the student should begin with the first course and continue throughout the program. Evaluation devices such as the rating scale for student self-evaluation may be used. This scale should describe the objectives of the course and should be discussed in detail with the instructor, who makes her evaluation of the student on an identical form and then compares the evaluations. The instructor-student conference is another means of self-evaluation.

Evaluation of the student can be developed only after careful planning and evaluation of the individual courses and total curriculum have been implemented by the faculty.

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OUR COURSE LEADS TO EVALUATION

Lorna Ullrich

At the risk of being mistaken for a Women's Liberation type, I should like to quote the comment that "you've come a long way," at least in terms of preparing realistically for the subject of evaluation. The Workshops of 1969 and 1970 have been directed toward this end through our reviewing the development of relevant, attainable objectives at all levels, stated in behavioral terms, and the selection of learning experiences appropriate to their achievement.

If, at this point, your administrators were to mention the word accountability, you would at least be well started on the road to being able to accept responsibility for how well your students are able to demonstrate that they have achieved the objectives of your courses.

What if your next raise were based upon how well your students could meet your objectives? Would you need to revise them in more realistic terms? Would you need to take more notice of how far along your students are in their course of study? Would you decide that they really are not quite ready to "walk on water" or "leap tall buildings with a single bound"?

Accountability, an accepted concept in business, is now being applied to general education in the states of Florida and Oregon,[1] so that the emphasis is on how much the student has learned, rather than on how he is taught.

Even without the specter of accountability, evaluation is far from being mere philosophical speculation. It remains a real day-to-day thorny problem. Multitudinous definitions of evaluation can be found in the literature, ranging, as does your subject matter, from simple to complex. Perhaps evaluation could be defined in operational terms as a process that results in continuing improvement in the quality of an educational program based upon objective measurement of student achievement of the goals of individual courses, integrated levels of learning, and ultimately, the entire program of study that represents the values perceived by the individual school. (See Exhibit A.) The key word in this definition is improvement, and if improvement of the nursing program is your goal, the process of evaluation, to borrow an expression from the teenagers, "is where it's at." (See Exhibits B and C.)

Rather than give you a theoretical rundown of the elements of evaluation, I shall relate how our hypothetical WENS School of Nursing faculty worked through their problems, using the guidelines set forth in the exhibits distributed earlier. By telling the story of a faculty in action, perhaps I can portray the spirit of evaluation, along with the process. Any similarity between the ideas or problems of the WENS faculty and any members of this audience are truly coincidental.

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On to the Story

The WENS School of Nursing faculty was troubled. Morale should have been excellent. The school was accredited by the National League for Nursing. Clinical performance of the last group of seniors in their final quarter of the year showed that they had achieved the curriculum objectives. Results of the NLN achievement tests were generally good. Results of the licensure examinations were much better than faculty expectation, with the majority of the scores running much higher than the national average.

Follow-up questionnaires to employers of last year's graduates showed that hospital and health agency supervisors and doctors were satisfied--nay, enthusiastic--in regard to the graduates' performance in first-level positions. The graduates themselves had stated in their follow-up questionnaires that they felt well prepared for their new positions except in the area of health teaching. (See Exhibit D.)

The WENS School of Nursing faculty, however, had vague misgivings. Other schools in the state were teaching nursing in bold,new ways; some were making sweeping changes in their curriculums. The WENS faculty had instituted team-teaching in Basic Nursing a few years back and was so pleased with its success that team-teaching had been extended to the Medical-Surgical curriculum.

Students had stated in open-ended evaluation forms that they liked team-teaching because the pace of the large-group lectures was varied, with different instructors teaching in different ways. Students appreciated being able to question and discuss subject matter for clarification in the small-group conferences following the large-group lecture, film, or guest speaker. The weaker students particularly appreciated the review sessions once a week.

Faculty members enjoyed the team-teaching plan, according to their responses on an open-ended evaluation form, because they learned from each other's presentations and had help from the other instructors on the team in course and student evaluation.

Units were planned by the instructors presenting them and were duplicated for each member of the team. Other health team members included in the team-teaching plan were an inhalation therapist, an orthotist, an internist, a surgeon, a general practitioner, and a physical therapist. Each was provided with a blueprint of subject matter and objectives for the student, together with information as to the level of the student in the educational program. Students had stated that they felt more comfortable with these people in the clinical setting after their appearance in class.

The WENS School of Nursing faculty members were happy with their new methods of teaching but thought that they would feel more secure if their evaluation methods could give more evidence that the students were better prepared, more knowledgeable, and able to function more effectively in clinical practice. In addition, they felt that if they could agree on a tangible definition of nursing, evaluation methods could be derived that would show that their students were accomplishing this goal. (See Exhibits E and F.)

Curriculum Committee Meeting I

The first meeting of the curriculum committee concerned the problem of a definition of nursing and a review of the philosophy of the school. The literature had been reviewed for definitions of nursing, the sheer variety of which confused the committee members

even more. Most of them sounded as if the profession were still trying to produce that paragon of a nurse who is all things to all people at all times in all situations. Can this be done in 30 months of actual instruction?

Finally, the youngest member of the committee spoke up, saying, "Why don't we define nursing in terms of what we know best: hospital nursing? Why don't we hold our heads high and state, without apology, that we are still producing the most capable, confident hospital nurses,as compared with the products of any type of nursing education program anywhere? Haven't our graduate follow-up questionnaires to employers stated as much? And by the way, didn't hospital schools produce 68 percent of the nursing school graduates in 1968? That same year, two-thirds of the nation's professional nurses were working in hospitals and related institutions. The 1969 edition of Facts About Nursing said so.[2] If our graduates are able to apply their knowledge and skills in doctors' offices, in clinics, in the Visiting Nurse Associations, in occupational health nursing, in the armed forces, in the Peace Corps, or in the mission field, then that is just a nice bonus." Her face was very red after this unexpected display of courage.

The entire WENS curriculum committee was stunned! While members conjectured, the silence was deafening. In this age of rapidly changing technology, new equipment, ICU, CCU, rehabilitation, increased emergency care, with hospital complexes reaching out into the community to include outpatient clinics, self-care units, auditoriums for community health teaching and their own home-care programs, maybe a definition of hospital nursing would be inclusive enough. Wasn't this their special area? The expected behaviors of a hospital nurse were well known to them, and as expectations broadened, so could the definition. Ideas began spouting all over the room, not about the definition, which they now felt they could handle, but about the implications of such a definition for curriculum.

"Think of the appeal to the 'now' generation! WENS students certainly have a sense of relevance! BECOME A HOSPITAL NURSE! LIVE AND LEARN IN A REAL HOSPITAL SETTING! EXPERIENTIAL LEARNING IS AT YOUR FINGERTIPS! BE INVOLVED! Isn't this why students choose hospital schools?"

"Did you hear about John R. Wish,[3] associate professor of marketing at the University of Oregon, who called for a moratorium on classroom construction? He proposed giving "educational vouchers" to high school and college students that would allow them to buy education from outside agencies. The trend would seem to be away from classroom teaching and into the area of experiential learning, which has been our strong point all along."

"How about a course in health teaching for the senior year? Then our hospital nurse could use the basic principles of how people learn so she could really get health principles across to them in understandable lay terms. There could be a lot of role-playing, experience in writing home-care booklets, and clinical practice in an outpatient clinic."

"Hospital nurses need to know more about pharmacologic actions of drugs. Why not reduce the time spent in 'Dosage and Solutions' now that drug companies dispense almost all medications in unit dosage?"

"Our emphasis on aspects of leadership was a wise move. All professional hospital nurses are in leadership roles now. It was a good thing we gave up teaching 'Ward Administration' before the ward managers put us out of business."

"Hospital nurses of the future need to have flexibility in order to cope with an increasingly changing society. Yet, our curriculum is so rigid there seems to be no time for

electives. Our examinations, even those dealing with patient-care problems, have only one right answer. If a student completes our course objectives sooner than the rest of the class, why not give him or her a chance to do some independent study on a related topic of his or her choice? In other words, if we aren't flexible, how can we expect our students to be?"

The educational director was inordinately pleased. Her faculty was in the process of evaluating the entire curriculum! They did not sound like instructors soberly facing their duties, obligations, and commitments to evaluation. They were excited, concerned, and bubbling with suggestions. In order to maintain the momentum, she said, "It would seem that somewhere along the line, we must help our students prepare for the unpredictable future. I'd like to share with you a quotation from Alvin Toffler's book, Future Shock, which might be appropriate here: 'As for curriculum, the Councils of the Future, instead of assuming that every subject taught today is taught for a reason, should begin from the reverse premise: nothing should be included in a required curriculum unless it can be strongly justified in terms of the future.' "[4]

Another surge of ideas followed:

"Like some kind of course in Applied Logic, so students can learn to solve problems better? So they can learn, discard, relearn, as today's data become tomorrow's myth?"

"Or maybe Computer Programming, so our hospital nurse could use it in making assignments?"

"A separate course in Group Dynamics as nurses participate more and more on health teams?"

"Medical technology is coming at us so fast there are no absolutes anymore. Maybe the best we can do, rather than teach, is to stand by and help students learn."

"Certainly an emphasis on taking blood pressures in Basic Nursing would be ridiculous, since they will probably be monitored by machines in the near future."

Since time was drawing to a close, the educational director suggested that the secretary send a request for an evaluation consultant from the State Board of Nursing or the National League for Nursing to help them decide whether their ideas could or should be implemented in the curriculum. Before the committee adjourned, the members decided to consider evaluation of faculty and students at the next meeting.

Curriculum Committee Meeting II

The chairman of the curriculum committee opened the meeting with the suggestion that faculty turnover rate be discussed, since this year, there had again been a new membership of 25 percent.

One member, who had also read Alvin Toffler, reported that American business and industry expect a high job-turnover rate and that the problem seemed to be nationwide.[5] Since a proportion of faculty members left each year for much the same reasons--going back to school, getting married, having a baby, or husbands being transferred or going back to school--the problem was not why instructors leave, but rather how quickly people new to each other can be transformed into a cohesive, dynamic, functioning group.

At this point, the group dynamics specialist on the faculty volunteered to work up an inservice program to update new members on how a group functions.

The next problem on the agenda was the evaluation of teacher performance. The director had her own system for evaluating instructors, which she then shared with the faculty. (See Exhibit G.)

During the last quarter of team-teaching, instructors had had a good chance to observe each other in action, and the spirit of cooperation had been so good that nobody had seemed to mind suggestions from other members of the group. On the other hand, students had not been given teacher-evaluation forms, since several of the new instructors felt they were not ready to be evaluated by students yet.

The committee chairman reminded them that student evaluation of instructor performance is always up to the teacher's discretion and that she need not share findings with the rest of the faculty unless she really wanted to. She pointed out that on any evaluation form, one or two far-out comments are not relevant, that only clusters or groupings of like evaluations are significant.

One committee member recommended Smeltzer's "Teacher Evaluation Scale for Nursing Students," which appears in his book titled Psychological Evaluations in Nursing Education,[6] to any members who would like to have student evaluation.

One of the new instructors was anxious to get on with the subject of evaluation of student clinical performance. She felt that paper-and-pencil testing was relatively easy as compared with evaluation of clinical performance. (See Exhibit H.)

Now one of the more experienced instructors decided to contribute. She had puzzled through many methods for determining student achievement of her course objectives and felt it was time to share them. "First of all, the student should be provided with a list of course objectives, or expected behaviors, at the beginning in order to know what to be working toward.

"One way to keep track is to jot down anecdotal notes on each student in a small notebook you keep in your pocket. Perhaps the note will be a critical incident that will influence in a positive or negative way the outcome of an activity.

"For instance, I wrote on one student's record that she 'reported a patient's elevated temperature and administered Tylenol as ordered.' This was a positive, or effective, incident, since the patient's temperature dropped two points, which the doctor felt was a desired outcome. As an example of a negative, or ineffective, incident, I wrote on another student's record that she 'walked out of the patient's room saying, "You sound just like my mother!" and without completing her assignment.'

"Both anecdotal notes and critical incidents are transferred to a Clinical Experience Record, which is a list of every behavior I could think of that would show that the student was advancing toward achievement of my course objectives. Fivars and Gosnell[7] describe the Flanagan critical-incident technique and illustrate how behaviors can be recorded on the Performance Record as effective or ineffective incidents. Using your own course objectives, you can devise a similar one of your own. Only if you do it yourself are you likely to really use it.

"Another indicator of student progress is the amount and quality of participation in team or pre- and post-conferences. Still another is a written nursing care plan for each patient as evidence of the student's problem-solving ability. Also, you can ask the student for a weekly summary of objectives achieved, with a projection of objectives and choice of patients and/or learning experiences to be considered the following week. This method requires students to be more active participants in the direction of their own learning.

"The developmental conference at midterm is also an indicator of student progress. With the help of the Clinical Performance Record, comments on nursing care plans, and the weekly summary of objectives achieved, the student and I can discuss the extent of progress and any problems that need to be explored. I try to make the atmosphere as

relaxed and supportive as possible. It's amazing how many students feel that if the instructor has confidence in them, they know they can make it.

"Clinical practice evaluation continues on in this manner: anecdotal notes and critical incidents recorded on the Clinical Performance Record--which is always available to the student in my office--written nursing care plans, weekly summaries, and then the final evaluation conference. The student brings his or her self-evaluation based upon course objectives to the final conference.

"Then comes the really troublesome part: assigning a grade. Moritz states that most experts feel that quality cannot be measured by quantitative means,[8] and I'm inclined to agree with her. I did sort out my expected behaviors in A-B-C-D fashion once. For example: The objective was 'The student can describe a myelogram.' The behaviors, as graded upward from D to A, were:

'D: Student stated it was some kind of x-ray.

'C: Student stated it was an x-ray examination of the spinal cord for which the legs are wrapped from toes to groin to maintain blood pressure.

'B: Student could describe the above plus share patient comments on how he felt during procedure.

'A: Student accompanied patient to procedure, could describe examination and the doctor's explanation, and was a supportive presence for the patient.'

"However, as I listed and assorted these behaviors, it became increasingly difficult to assign a quantitative measurement. I could defend my position only on the basis of superior, satisfactory, or unsatisfactory. Flanagan's effective and ineffective incidents would seem to derive a pass-fail stance. If you had an overwhelming number of effective behaviors and very few ineffective ones, you could defend an honors-pass-fail system, which would include incentive for the superior student.

"All this preoccupation with evaluation of clinical practice is based upon my feeling that any grade assigned to a clinical nursing course should be concerned with the student's ability to apply the principles she has learned. For instance, with paper-and-pencil testing, I have never had a student miss a question that deals with the fact that casts should be left uncovered, exposed to the air to dry. On the other hand, I have seen many students elevate the cast on pillows, apply ice bags, and pull the blankets up and neatly tuck them in.

"Grades are a problem, but Moritz made a statement about them that we should all add to our memory banks: 'When we begin to use evaluation tools as one method to help students learn, rather than a means of assigning a grade, it will be the constructive activity for which it was intended.'[9]

"So much for the soapbox oratory. I didn't mean to dominate the whole meeting."

Curriculum Committee Meetings III, IV, V, VI, VII, and VIII

With the help of the evaluation consultant, the WENS School of Nursing faculty members improved on their course objectives, finally agreed on their level objectives, and realized to their immense pleasure that their final level objectives were also their curriculum objectives. Each instructor devised a workable clinical experience record to fit her course objectives.

Having defined hospital nursing and their beliefs about their educational program, they decided that courses in applied logic and computer programming really were rather "far-out" but that their seniors in the leadership course should receive more experience in group dynamics in order to function more effectively as team leaders. The committee decided to make a recommendation to the faculty that a new course in health teaching should be added to the curriculum at the senior level. A recommendation to minimize elements of "Dosage and Solutions" and to emphasize pharmacologic action of drugs in the basic pharmacology course was added.

The problem of examinations made up of questions with only one correct answer remained. One faculty member thought she would try a type of DeTornyay's Simulated Clinical Nursing Problem Test.[10] In such a test, the alternate solutions to the problem are evaluated as (1) indicated and essential, (2) indicated, but not essential, (3) not indicated, but not harmful, (4) not indicated, but inefficient, and (5) contraindicated.

Another faculty member tried a game approach, with a specific patient-care problem to which the student could choose alternate solutions, with their inevitable consequences. The clinical instructors, who could observe the student in the clinical setting making decisions and accepting consequences any day of the week, felt that such approaches seemed artificial.

The WENS School of Nursing faculty members are still not content. At each faculty meeting, new approaches are suggested and discussed, methods in use are producing evaluation reports, curriculum committee recommendations are accepted or rejected, and the quest for improvement of the educational program continues. The atmosphere is exciting, dynamic, and challenging in a school of nursing where evaluation is considered a way of life rather than a duty or obligation.

Perhaps the following poem* will clarify the meaning of evaluation.

Did you ever think of evaluation
As merely trial and tribulation?

What you need to do
Is to take a new view.

It's a range of change
From familiar to strange.

It's forms and norms,
Student voice, multiple choice,
Opinionaires and questionnaires,
Estimations, tabulations.

A curriculum committee recommendation
Meeting approbation or consternation.

It's anecdotes
Or behavioral notes;
Objectives accepted
Or maybe rejected.

Incidents that may be critical,
Meaningful, or just political.

It's the best in teaching
That's always reaching

*By Lorna Ullrich.

For "good, better, best;
Never let it rest
Until our good is better
And our better, best."*

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EXHIBITS

A. DEFINITION OF EVALUATION

Evaluation is a process that results in the continuing improvement of an educational program based upon objective measurement of student achievement of the goals of individual courses, integrated levels of learning, and ultimately, the entire program of study that represents the values perceived by the individual school.

B. PRINCIPLES OF EVALUATION

Evaluation is:

a continuing quest for evidence of improvement of an educational program

reflecting the school's stated beliefs

based upon achievable behavioral objectives

in terms of observed changes in student behavior

by all participants of the program

by means of a variety of techniques for gathering evidence.

C. PURPOSES OF EVALUATION*

1. Determining the progress a student is making toward achieving the goals of the program.
2. Helping the individual student maintain strengths and eliminate weaknesses.
3. Helping the teacher improve her teaching.
4. Determining the worth of the undertaking in general.
5. Clarifying and defining educational objectives.
6. Developing more reliable instruments for evaluation.
7. Motivating the student.
8. Providing psychological security for the students, staff, and community.
9. Providing certification to meet legal requirements.

*Alice R. Rines. Evaluating Student Progress in Learning the Practice of Nursing. New York, Teachers College, 1963, pp. 19-23.

D. EVALUATION TOOLS FOR MEASURING THE PERFORMANCE OF THE END PRODUCT (THE GRADUATE) OF A SCHOOL OF NURSING

1. Clinical performance in the final quarter of the senior year in terms of curriculum objectives.
2. Results of NLN standardized achievement tests.
3. Results of licensure examination.
4. Follow-up questionnaires after first year of employment.
   a. To the graduate: Was preparation adequate for performance in first-level position?
   b. To the employer: Was performance of graduate satisfactory in first-level position?

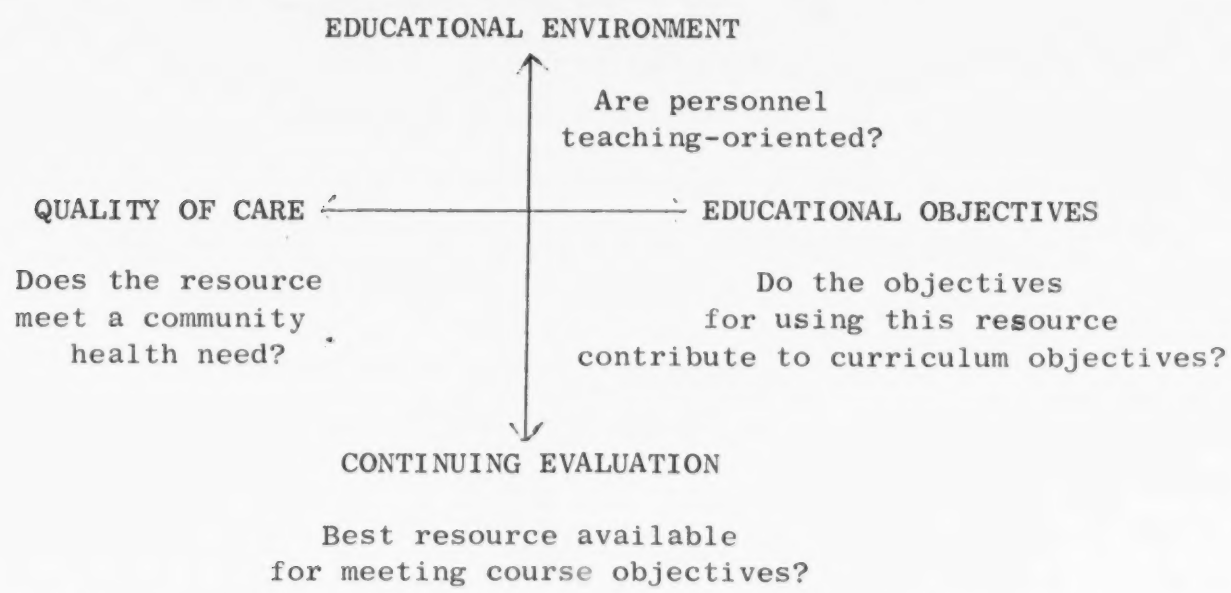
E. EVALUATION OF THE INDIVIDUAL COURSE

1. Evaluation form for individual instructors.
2. Student course evaluation form.
3. Results of teacher-made tests.
4. Results of standardized achievement tests.
5. Observed application of theory by student in concurrent clinical practice.

All of the above should relate to course objectives and ultimately to curriculum objectives.

Individual courses can be evaluated only in terms of their interrelationships with other courses as part of the total curriculum.

F. EVALUATION OF CLINICAL TEACHING RESOURCE*


EDUCATIONAL ENVIRONMENT
Are personnel teaching-oriented?
QUALITY OF CARE
EDUCATIONAL OBJECTIVES
Does the resource meet a community health need?
Do the objectives for using this resource contribute to curriculum objectives?
CONTINUING EVALUATION
Best resource available for meeting course objectives?

*Adapted from diagram by Elizabeth Worthy. University of Washington Clinical Teaching Workshop, February 18, 1970.

G. EVALUATION OF TEACHER EFFECTIVENESS

1. Evaluation reports from division chairman.
   a. Observation of classroom teaching.
   b. Review of course outline, bibliography, examinations.
2. Reports of participation in educational workshops, classes, or seminars.
3. Reports of participation in professional organizations.
4. Reports of community involvement.
5. Student evaluation of teacher performance forms.
6. Analysis of scores made by students on NLN achievement tests and by graduates on licensure examinations.
7. Analysis of survey reports by the State Board of Nursing.
8. Achievements noted in faculty meeting minutes.

H. EVALUATION OF STUDENT CLINICAL PERFORMANCE

1. The anecdotal note (Thorndyke and Hagen).
   a. Factual description of specific event.
   b. Interaction between student and another person.
   c. Typical of student behavior or different enough to be meaningful.
   d. Improvement from past behavior should be noted.
2. The critical incident (John Flanagan).

   To be critical, an incident must make a difference in the outcome of a behavior; it must contribute positively or negatively to the accomplishment of the aim of the activity.
3. The clinical performance record (Flanagan).

   Example in Fivars and Gosnell.
4. Amount and quality of student participation in nursing team conference.
5. Amount and quality of student participation in pre- and post-conferences.
6. Student weekly summary of objectives achieved and projection of objectives, choice of patients and/or learning experiences to be considered the following week.
7. Written nursing care plan for each patient.
8. The developmental conference.
9. Final evaluation conference.

OUR COURSE LEADS TO EVALUATION

Sylvia W. Rayfield

The theme that has been selected for the 1970 workshops is "Keeping on Course." For a few minutes let us review the stated objectives as printed in your program and summarize what we have learned.

Identify course objectives in
relation to level objectives.

At the 1969 Southern Regional Workshop, Hilda Reynolds presented an excellent chart showing the relationship of level objectives to other stated objectives of the school of nursing. I would like to show you that chart, because I believe keeping this in mind contributes to the development of a smooth, free-flowing program.

School Objectives

Curriculum Objectives

Level Objectives

Course Objectives

Lesson Objectives

Class Clinical Lab

We accept the fact that we, as a service profession, must find justification for the existence of schools. It has been suggested that the needs of the users of our products, or graduates, be surveyed in order to more clearly define our objectives.

I believe that we can agree that the curriculum objectives are those objectives that are educationally attainable. However, since we cannot teach everything at one time, we have agreed that we will divide our program into a number of levels. The objectives for a given level, we have stated, should describe our learner's behavior upon completion of each of the learning experiences and courses within that level.

So now we see that we again need objectives to describe the behavior of our learner at the end of each course and each learning experience within the course, be it didactic experience or clinical experience.

Sylvia W. Rayfield is Associate Director, Georgia Baptist Hospital School of Nursing, Atlanta, Georgia.

I would like to take the liberty of reversing Mrs. Reynolds' chart in order to look at what has been discussed in another way.

Class Clinical Lab

Lesson Objectives

Course Objectives

Level Objectives

Curriculum Objectives

School Objectives

So you see, we are utilizing all of our objectives to fulfill our reason for being. The chart from this angle really puts the burden on the instructor to

> Select subject matter and learning experiences appropriate to achievement of course objectives

which is the second objective stated for this workshop. "Once a thorough study of objectives has been made and the hierarchy of objectives have been established and screened, the clinical teacher is ready to determine the best way of attaining those goals related to the practice of clinical nursing." (6:89)*

For teachers in clinical nursing, the availability of clinical resources has always been a factor of great importance. I would like to emphasize that the mere availability of resources is not enough for the implementation of a sound educational curriculum. Rather, the implementation of a sound curriculum requires the careful selection and utilization of resources for both class and clinical laboratory experience.

The fact that learning experiences have been carefully selected to fulfill course objectives does not guarantee the learner's automatic achievement of these goals. Because of this, we need creative clinical teachers who have knowledge, interest, courage, and the energy to use various teaching methods that will motivate our learners to acquire knowledge of and interest in the task at hand--learning to become nurses.

I would like to quote a statement made by Marjorie Moore in a recent article on evaluation in Nursing Outlook. "No tool, no technique, no amount of practice in developing objectives and listing behaviors, will compensate for the instructor who has superficial understanding of what she is trying to teach." (4:54) Perhaps I am attempting to say that objectives cannot be achieved without qualified, interested, and motivated faculties.

This point leads us to the third objective of the workshop:

> Identify resources and teaching methods that can be utilized in the achievement of course objectives.

*The first number in the parentheses indicates the number of the bibliographical reference in which the information is found; the number following the colon indicates the page.

Loretta Heidgerken refers to teaching methods and techniques as the procedural dimension. (2:415) The procedure for teaching a given course will necessarily vary with the outcomes desired. There are varied teaching procedures or methods. We are all familiar with the lecture method, the demonstration method, the laboratory method, and various other procedures that we use to try to get the point over to our students.

I think the saying "There is more than one way to skin a cat" is appropriate here. By this I mean that what is good for the goose may not be so good for the gander. (My Southern heritage is showing, isn't it?) I am saying essentially that every teacher must have her own teaching method, that one with which she feels most comfortable and with which she can do the best job. First we consider the point to get across; then we consider the learner; and then we choose the teaching method.

I have not said a great deal about the learner, and I think that it is time to consider the fact that if our methods do not take into consideration the intellectual maturity and the receptiveness of the students, we will have wasted a great deal of our and their time. Because student attributes may be so varied in a class, we, as instructors, must keep our methods flexible and our knowledge up to date.

How will we know whether our procedures or methods have assisted our students to attain stated objectives? This brings us to the fourth and final workshop objective:

> Introduce concepts of evaluation as they relate to the total curriculum, the course, and the students.

Loretta Heidgerken states that "Evaluation is the process of judging the effectiveness of educational experience through careful appraisal. . . . It is a process by which those concerned with goals, processes, and programs may collect data, make judgments and revise as necessary." (2:629) Alice R. Rines defines evaluation as "A Method an educator can use to determine the extent to which a student is achieving the goals of the learning experiences." (5:7) And Jean Schweer says that "Evaluation is a continuous process of collecting data to be used as a basis for applying a set of standards in making a judgment." (6:241) When the three of these statements are put together, we come out with this: Evaluation is a continuous process of collecting data, making judgments, and determining the extent to which objectives are met.

Now we ask, Why is evaluation important? Because, we answer, it is or should be involved in all phases of planning and operating a school of nursing. That is to say that evaluation must be an integrating concept that assures the school that its activities are attuned to its educational goals. (1:24) It has long been recognized that evaluation is necessary if the complex processes of education are to be administered efficiently, effectively, and economically. (1:1)

In purpose, in method, or in materials, evaluation does not differ from instruction. (3:1) This statement may be amplified by saying that when the objective or educational goal is stated in behavioral terms, this is the expected behavior of the student. The expected behavior of the student is that which we are attempting to judge.

The purposes of evaluation vary in direct proportion to the variation in behaviorally stated objectives set for any given curriculum or course. If our purposes vary, then we can safely say that our methods and tools for evaluation will also vary. For this reason, it is impossible for me to identify for you any single tool that will be satisfactory for your use in your own school situation. A variety of methods and tools may be used by all

instructors throughout your program as long as your evaluation is based upon the goals that you have set to attain. A flexible concept of evaluation provides a more sophisticated approach to the appraisal of student performance in nursing courses.

The general trend in nursing education is an ongoing total evaluation program aimed at determining individual student growth in the development of competencies related to becoming a skillful nurse practitioner. (6:241) A total evaluation approach may include assessment not only of the academic program but also of student services, such as student health, counseling and guidance, religious activities, and so on. In the interest of time, I shall confine most of my remarks to the evaluation of the student in relation to the curriculum offerings.

According to Jean Schweer, (6:241) there are several purposes that an evaluation process should serve. I should like to quote some of these purposes and discuss how certain evaluation methods may serve to meet these purposes.

The first is "To determine the degree of background knowledge that each student brings to the situation." The basic knowledge that each student brings to the nursing situation is sometimes very difficult to evaluate. To determine background knowledge, the creative teacher must exercise great care in interpreting the student's previous progress. Scheduled student-teacher conferences based on mutual trust and respect will many times stimulate increased efforts toward self-fulfillment on the part of the student. It is my feeling that the unscheduled contacts with students while they are in the process of giving nursing care are of utmost value not only in determining background knowledge but also in determining the direction of subsequent learning experiences.

We, as instructors, have our own unique philosophies concerning the evaluation of our students.

Sometimes we can be quite biased in evaluation--so biased, in fact, that we are not fair to the students or to ourselves. I am certain that you are familiar with the instructor who tends to give excellent evaluations to all students in an effort to gain student approval. There is the instructor who tends to rate the student on clean shoestrings, short fingernails, the ability to get to work on time, and completion of all of the baths by 10 a.m. There is the instructor who feels that the highest grade should always be given to the senior student. And there are a few of us who are able to rationalize the student's poor performance.

You know these problems as well as I, and you also realize that these problems compounded by others make it difficult for us to interpret the student's previous progress. Nevertheless, the first factor in correcting any situation is the recognition of some of the bias.

We have said enough of what to be aware of in the way of bias. Let us consider some ways and means of determining student progress.

Observation is, in my opinion, the most reliable of all forms of evaluation; however, we must not stop with observation alone. I believe that we do the student an injustice by carefully writing our observations and filing them until time for the mid-quarter conference. If we will use these observations and discuss them with the student at the time they occur, the learning experience becomes a growing process and is greatly reinforced--much more so than if the student is asked to recall the incident four weeks later. Far too many times conferences, anecdotal records, critical-incident records, and other descriptions are used to describe unfavorable situations. I believe that we will find a boost in the student's progression if improvements are noted and exceptional work is praised.

Another purpose of evaluation in Miss Schweer's list is ..."To determine the level of

ability reached by each student at frequent intervals during the clinical nursing assignments." . . . As you know, each school will have to determine where their levels are: however, I think that I can safely say that most of us do some kind of evaluation at course end.

Let us use a sample of subject matter for illustrative purposes and pursue the sequence that might be used. One level objective might be: "Applies communication technics in meeting the needs of individual patients."

Let us look at this example, communication, with a sophisticated eye.

Communication:
A. Utilizes written communication skills.
B. Utilizes verbal communication skills.
C. Utilizes nonverbal communication skills.

This might well be one nursing course objective. Let us attempt to narrow this further by developing an example of a lesson objective that might come under item B.

B. Utilizes verbal communication skills.
   1. Reports with sufficient detail for conciseness and clarity.
   2. Discusses with instructor pertinent nurse-patient problems.
   3. Uses appropriate sources of verbal communication in planning and giving nursing care to the patient.

You will note that the evaluation tool in this case is written in behavioral terms to coincide with behaviorally written objectives.

As I have said, this is only one example of a tool. I am sure that you, as creative individuals, can construct a tool that is suitable to your own situation.

The last two of Miss Schweer's purposes that I will discuss are: (1) "To determine individual strengths and weaknesses of students and provide remedial or advanced assignments as needed" and (2) "To foster development of self-understanding and acceptance through the process of self-evaluation." One means of accomplishing these purposes could be a form such as this:

STUDENT'S ANNUAL SELF-EVALUATION FORM

1. Evaluate strengths and weaknesses in the following areas:
   A. Study Habits.
   B. Preparation for Class.
   C. Class Participation.
   D. Class Correlation with Clinical Experience.
   E. Organization Skills in Clinical Experience.
   F. Comprehensive Nursing Care.
   G. Interpersonal Relationship.
   H. Leadership Ability.
2. In relation to the above evaluation, discuss your goals for the coming year.
3. How has your concept of nursing changed during the past year?

Self-evaluation has long been recognized as a valuable tool.

A school evaluation written by senior students nearing graduation can be very helpful. An evaluation of this type may encompass a variety of subjects. For example:

1. Has your experience in the school been a source of satisfaction to you?
2. Do you feel that the curriculum has met the school's objective of preparing you to utilize scientific principles in planning nursing care?
3. Have you felt that you were provided with suitable clinical experience?
   YES_____
   NO _____
   In what clinical area or nursing course? _____

These three questions ask for an evaluation of personal satisfaction with school objectives and nursing courses. Let us look at some others:

4. Have you felt a sense of encouragement by members of the teaching staff?
   YES_____
   NO _____
   WHY? _____
5. Do you feel that your student government association is effective?
   YES_____
   NO _____
   WHY?_____

These two questions ask for conceptions about the environment created by the teaching staff and the contribution of the student government association. Let us look at two more:

6. Has the school helped you to grow spiritually?
   YES_____
   NO _____
   COMMENTS_____
7. Have you been able to meet the spiritual needs of your patient?
   YES_____
   NO _____
   COMMENTS_____

These questions deal with spiritual matters that may or may not be appropriate in every school situation. All of the questions are samples of categories in which student evaluation can contribute to overall school evaluation.

I would like to go back to a statement that I made earlier. It has been suggested that our school objectives might be more clearly defined if we, as faculties, surveyed the users of our product. I feel that a questionnaire to employers is a very important part of the evaluation of the school curriculum. Let us take a look at an example:

QUESTIONNAIRE TO EMPLOYER

1. Do you believe that the educational program at this school of nursing has enabled ____(graduate)____ to:

A. Meet the needs of the patient and his family?_____
B. Contribute as a member of the health team?_____
C. Contribute as a member of the community and profession? _____

2. Rate the graduate on how well he or she functions in her present position.
   A. Above average _____
   B. Average _____
   C. Below average _____
   D. Unsatisfactory _____

3. Additional Comments _____

Some of the answers to questionnaires such as this are quite frank and can be very enlightening.

I would like to revert to our fourth and final workshop objective:

> Introduce concepts of evaluation as they relate to the total curriculum, the courses, and the students.

My purpose has been to introduce some of these concepts to you. By no means have I covered the gamut of evaluation. Since the 1971 Council workshops will focus on evaluation, I should like to leave you with these thoughts. I feel it is important to emphasize that the challenging responsibility of evaluation lies primarily with the individual instructor and the individual school of nursing. Research is urgently needed to determine the most effective tools and methods of evaluation. Nursing educators must be willing to be active participants in such research and then must put the resulting knowledge to immediate use. Educators must remember that a national examination, such as the licensure examination, can "measure the knowledge, understandings, and judgmental ability which the candidate for licensure will bring to a nursing situation, but it cannot evaluate actual performance in the situtation. . . ." (3:1095) National examinations can tell whether the nurse knows what to do but not whether the nurse will do it. Alertness in observation, poise in stressful situations, conscientiousness, and a sense of industry are but a few of the characteristics believed to be important in safe and effective nursing practice. Such characteristics cannot be measured by standardized tests. The people, our patients, have the right to depend upon their nurses' having been evaluated in regard to these and other qualities while enrolled in our schools of nursing.

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APPENDIX A

COUNCIL OF DIPLOMA PROGRAMS

1970 WORKSHOPS

T E N T A T I V E P R O G R A M

THEME: KEEPING ON COURSE

First Day		
A.M.	Introductions	
	Getting to Know You	Work Groups
	Getting Us on the Course	Chairman
	Identification of Course Objectives	Work Groups
P.M.	Moving Forward on the Course	Chairman
	Selection of Subject Matter and Learning Experiences	Work Groups
	Course Obstacles and Progress	Workshop Participants
Second Day		
A.M.	Where the Course Has Taken Us	Selected Recorders
	DISCUSSION	
	Identification of Resources and Methods of Teaching	Work Groups
	REPORTS AND DISCUSSION	Recorders
P.M.	Our Course Leads to Evaluation	Speaker
	QUESTIONS AND DISCUSSION	Workshop Participants
	Summary	Chairman

APPENDIX B

KEEPING ON COURSE

GROUP WORK SHEET

CURRICULUM OBJECTIVE	LEVEL OBJECTIVE	COURSE OBJECTIVE	UNIT OBJECTIVE(S)

INSTRUCTIONAL CONTENT	CLINICAL LABORATORY CONTENT	TEACHING METHODS & RESOURCES

APPENDIX C

GROUP # _____

REACTION SHEET

1. How many members of this group attended one of the 1969 CDP Workshops?
   _____

2. What aspects of this workshop assisted the group to achieve the first three objectives in the printed program?

3. What aspects of this workshop hindered the group from achieving any one or all of the first three objectives?

4. What focus of evaluation--curriculum or courses or students--should be given priority at the CDP 1971 Workshops?_____

5. Keeping in mind the approach of any workshop and this group's answer to #4, identify the methods or tools that might be employed to implement the two-day workshops in 1971.

6. List the names and addresses of persons known to members of this group who are knowledgeable about the priority suggested. Indicate the ways in which these persons might contribute to the implementation of the workshop.